PTO/SB/06 (07-06) 31/2007 OMB 0651-0032

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unlesses as valid OMB control number.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/615,407 | | | ing Date 09/2003 | To be Mailed |
|---|---|---|--------------------------------------|---|---------------------------|----------|--|------------------------|----------|-----------------------|------------------------|
| | AF | PPLICATION | ENTITY 🛛 | OR | | HER THAN | | | | | |
| Н | FOR | l N | (Column 1) NUMBER FILED N | | (Column 2) IMBER EXTRA | | RATE (\$) | FEE (\$) | <u> </u> | RATE (\$) | FEE (\$) |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | ı | N/A | | 1 | N/A | |
| | SEARCH FEE (37 CFR 1.16(k), (i), (i) | or (m)) | N/A | | N/A | | N/A | |] | N/A | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | | N/A | | N/A | | N/A | | | N/A | |
| | FAL CLAIMS CFR 1.16(i)) | | minus 20 = * | | | | x \$ = | | OR | x \$ = | |
| IND | EPENDENT CLAIM CFR 1.16(h)) | s | minus 3 = * | | | ı | x \$ = | | 1 | x \$ = | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pap 50 (\$125 ional 50 : | gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s). | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | |] | TOTAL | |
| APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | |
| AMENDMENT | 01/07/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.18(i)) | * 35 | Minus | ·· 42 | = 0 | | X \$25 = | 0 | OR | x s = | |
| | Independent (37 CFR 1.16(h)) | • 4 | Minus | 4 | = 0 | | X \$105 = | 0 | OR | x s = | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16(i)) | | Minus | | | 1 | x \$ = | | OR | x \$ = | |
| N N | Independent (37 CFR 1.16(b)) | | Minus | *** | - | 1 | x \$ = | | OR | x s = | |
| I I | Application Size Fee (37 CFR 1.16(s)) | | | | | | | |] | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | OR | | |
| Γ | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| "If the entry in column 1 is less than the entry in column 2, write "or in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, orter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, orter "20". | | | | | | | | | | | |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceal an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another gathering, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS